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Ur	nder the Paperwo	ENT APPLIC	CATION	PEE DETE ute for Form PT	RMINATIO	o a collection of inf	omation unle		ays a valid OMB of tion or Docket Nu	
	•	CLAIMS AS			SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA			ER EXTRA	RATE	FEE]	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							\$	OR		s
(37	TAL CLAIMS CFR 1.16(c))		minus 20) = •		x s=		OR	x \$=	
	EPENDENT CLAI CFR 1.16(b))	MS	minus 3	. = .		x \$=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$ =		OR	+ s =		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	, / C	LAIMS AS AM	ENDED	– PART II			<u>-</u>	-		
Y	11.05	(Column 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	OR		R THAN ENTITY
ENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ξ	Total (37 CFR 1.16(c))		Minus		=	x s=		OR	X \$=	
Ē	Independent (37 CFR 1.16(b))	3	Minus	3		x \$=		OR	x \$=	
A	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+s =		OR	+s =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	'				
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x s=	
IEN	Independent (37 CFR 1.16(b))	*	Minus	***	=	× \$=		OR	x \$=	
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	+ \$ =		OR	+s =	
		-				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			•		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s =		OR	+ s=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
*	* If the "Highest I	olumn 1 is less tha Number Previously Number Previously	Paid For	IN THIS SPACE	is less than 20, e	nter *20*.			·	

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

OGUSSULS

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TC	OTAL CLAIMS							RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	Basic Fee	740.00
10	TAL CHARGEA	BLE CLAIMS	/(minus 20= *		• -			X\$ 9=		OR	X\$18=	
INC	DEPENDENT CL	AIMS	2 minus 3 = *		•			X42=		OR	X84=	
ML	ILTIPLE OEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740.
M	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	· 11	Minus	* 6	20	-		X\$ 9=		OR	X\$18=	
ME	Independent	· 2	Minus	*** (<u>3</u>	-		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JETIPLE OEF	ENDEN	CLAIM		1	+140=		ÓR	+280=	
1	nn	•		•				TOTAL			TOTAL ADOIT, FEE	
	-11-03	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			AUUII. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	EST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 11	Minus	Ģ	Q			X\$ 9=		OR	X\$18=	
	Independent	• D	Minus	***	3	[-	┨┃	X42=		OR	X84=	
	PIRSI PRESE	NIATION OF IA	ULI IPLE DEF	ENDEN	COUM		ا د	+140=		OR	+280=	
	•							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3				-		
AMENDMENT C	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT	,	NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	10	Ø	2		X\$ 9=	•	OR	X\$18=	
	Independent	. 3	Minus	***	3	•		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												